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TO:		FROM:	
Examiner J.L. Reidel		Tomas Lendvai	
		Reg. No. 57,488	
COMPANY:		DATE:	
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FAX NUMBER:		TOTAL NO. OF PAGES INCLUDING COVER:	
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ART UNIT:		ATTORNEY DOCKET NUMBER:	
3766		S293-USA	
RE:		CUSTOMER NO.	
U.S. Patent Application No. 10/820,240		28284	
Filed April 6, 2004			

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

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TRANSMITTAL FORM	Application Number	10/820,240	RECEIVED CENTRAL FAX CENTER APR 05 2007
	Filing Date	April 6, 2004	
	First Named Inventor	Greenberg, et al.	
	Art Unit	3766	
	Examiner Name	J.L. Reidel	
<small>(to be used for all correspondence after initial filing)</small>		Attorney Docket Number	S293-USA
Total Number of Pages in This Submission		11	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD <div style="border: 1px solid black; padding: 2px;">Remarks</div>	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Letter Regarding Response to Notice of Allowability; Declaration

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Second Sight Medical Products, Inc.	
Signature	<i>Tomas Lendvai</i>	
Printed name	Tomas Lendvai, Ph.D.	
Date	APR 05 2007	Reg. No. 57,488

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	
Signature	<i>[Signature]</i>
Typed or printed name	Deanna L. Flitz
Date	April 5, 2007

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